



DEPARTMENT OF INSURANCE
STATE OF ARIZONA

Financial Affairs Division - Compliance Section
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-3998
Fax: (602) 364-3989

Life Care Provider Annual Report Filing Checklist

Completion of this Checklist will assist with filing the Annual Report in the manner required

Enter the information for the Life Care Provider and Manager (if applicable) below:

NAIC Number: _____ **OR** Arizona Company Number: _____ Federal I.D. No. _____

Life Care Provider Name: _____ Fiscal Year Ends: _____
Month/Day

Facility/DBA Name: _____

Manager Name: _____ Fiscal Year Ends: _____
Month/Day

Enter the "As of" date and figures from the most recent financial statement being filed by the Life Care Provider with this Report. **Indicate negative figures with (-).**

Financial Statement _____ / _____ / _____
"As of" Date mo. / day / year

Assets:	\$		Capital:	\$
Liabilities:	\$		Surplus:	\$

Initial if
Completed
& Enclosed
↓↓↓

Initial at left if items are completed or enclosed in the Annual Report Form E-LIFECARE

Agency
Use Only
↓↓↓

- _____ A. **\$450.00 Filing Fee** – check payable to Arizona Department of Insurance is enclosed. _____
OR (INITIAL ONLY ONE LINE AT LEFT FOR ITEM A)
- _____ **\$450.00 Filing Fee** – sent via ACH (see Form E-ACH.INSTRUCTION) on (date) _____
- _____ B. **Title Page (Page 1 of 12)** is complete for all information. _____
- _____ C. **Chief Executive Officer** Name, Title and **Signature** on Page 1 _____
- _____ D. **Notarization** of Chief Executive Officer Signature on Page 1 _____
- _____ E. **Preparer's** Name, Title, Phone and E-mail address on Page 1 _____
- _____ F. **Pages 2 through 11, Complete responses to Items 1 through 13** _____
- _____ G. **Page 3, Exhibit 1 - Copy of Life Care Contract** _____
- ** _____ H. **Page 4, Exhibit 2 - Arizona Biographical Affidavit Form E110** for **each** officer, director, trustee or managing partner **that has not filed an original Bio within the last 3 years.** **Enter "N/A" in box if the date that **ALL** required Bio's were last filed is within 3 years → _____
- _____ I. **Page 12, Exhibit 3 - Certified Financial Statement(s)** for the **2 most recent fiscal years** of the:
- _____ 1. **Provider** _____
- ** _____ 2. **Manager**, if applicable. **Enter "N/A" in box if not applicable → _____
- ** _____ 3. **Promoter**, if applicable. **Enter "N/A" in box if not applicable → _____
- ** _____ J. **Page 12, Exhibit 4 - Actuarial Study**, if applicable. **Enter date last filed if not enclosed _____
- _____ K. **Page 12, Exhibit 5 - Copies of Escrow Agreements.** _____

Type or Print Preparer's Name and Title

Collect / Toll Free Phone Number

E-MAIL Address

ATTACH THIS CHECKLIST TO THE TOP OF THE ANNUAL REPORT FORM E-LIFECARE